HIGHER MEDICAL EDUCATION IN NEW YORK

I.

ORGANIZATION OF THE MEDICAL STAFF OF HOSPITALS

BY

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The last twenty years have witnessed a steady and usually intelligent improvement in the curriculum and requirements for graduation of the various medical schools in New York. A number of devices, short of a radical reform, have been resorted to, in order to insure a better education to the numerous youths who, often after no proper preparation, wish to become physicians. Some of these proposed reforms are more or less illusory in their nature, and read well in prospectuses, but others are of unquestionable sincerity and value, such as the lengthening of the regular term of lectures, the opening of laboratories, and the enforcement of more rigid examinations. The offer of substantial prizes to the members of the graduating class who shall come out best of two competitive examinations, if not theoretically correct, seems a beneficial stimulus. Besides these efforts on the part of the various schools, the enterprise of a number of well-trained physicians offers to students (and to graduates) quite varied opportunities for private practical instruction. Among these we cannot, however, include the so-called "quizz-classes," whose influence must be deemed pernicious.

In the midst of these indications of a somewhat reluctant though encouraging progress in elementary medical instruction, we fail to perceive any attempt at serious post-graduate education, and, practically, many of the great advantages which a metropolis offers for the pursuit of the higher medical studies and for orig-

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inal investigation are not utilized in New York. Young American physicians who can afford the expense must go to European cities to find that thorough clinical and experimental instruction which is necessary to the extension of their training.

We certainly have hospitals and dispensaries and colleges enough to give a field for post-graduate study. We have, taking the city as a whole, probably as many cases of the rarer forms of disease, medical, surgical and special, as are necessary to illustrate such study, and we believe that there are enough men well qualified to direct higher medical studies.

With the material and the teachers, why is it that so little is done in this great city for the advancement of scientific medicine? Why must a costly European tour be necessary (apart from its nominal advantage) to the completion of a medical education?

The reasons are numerous, but one fundamental reason stands out so prominently as to deserve elaborate consideration. Were the defects we are about to enumerate to be remedied, New York would soon acquire preëminence as a scientific medical centre, instead of being chiefly known, as it now is, as a place where so many hundred young doctors are manufactured every year.

This chief obstacle to progress is, we firmly believe, the bad organization of the medical staffs of our hospitals.

1. The *personnel* of the hospital staffs is most unequal and heterogeneous. The lower grades of internes are, as a rule, filled by unusually intelligent and well-qualified recent graduates who have passed a competitive examination, which for some hospitals is very severe. The higher grades, those of visiting physicians and surgeons, the places of the men who are to have the responsibility of the treatment of patients, and who are supposed to train the internes, are filled without any examination or other test of capacity. Through political, or social, or collegiate influences the directing authorities of hospitals select these visiting physicians and surgeons. It thus happens that some competent men are appointed, as well as many others who are both incompetent and ignorant.

Thus it happens that in a hospital ward, the well-prepared junior medical men must go around under the nominal direction of a visiting physician or surgeon who is intellectually their inferior, and who, perhaps, knows much less of medicine. This relation, which has been known to exist in our hospitals, is hardly a favorable one for hospital discipline, or for the education of the junior staff, and as visiting physicians and surgeons are on duty from two to four months at a time, it follows that the internes are witness to the most varying exhibitions of knowledge and capacity, and they must employ a portion of their time in criticising or contemptuously discussing the conduct and qualifications of those who should be their teachers.

Besides, the number of visiting physicians and surgeons is too large, and that of internes is too small in proportion to the number of patients.

The following table is constructed from data obtained from the Medical Register for 1880. It embraces only the chief institutions:

Hospitals.	No. of Beds.	Attending Staff.	Proportion.	Resident Staff.
Charity	1,000	27	1:37	8
Bellevue . . .	800	26	1:30	8
Presbyterian . .	100	10	1:10	2
St. Luke . . .	209	8	1:26	2
New York . . .	150	9	1:16	2
St. Vincent . . .	250	6	1:40	1
St. Francis . . .	200	6	1:33	2
German	90	10	1:9	1
Mt. Sinai . . .	160	7	1:23	2
Roosevelt . . .	180	7	1:26	2
Nursery and Child's	32	4	1:8	1
Woman's . . .	127	6	1:21	2

Each resident staff is usually made up of three internes, viz.: a house physician or surgeon, and two assistants; in some hospitals only one assistant. The duties of the house physician or surgeon are very responsible and onerous, and the proper performance of them becomes difficult when he has more than fifty beds under his supervision, and, in my opinion, impossible with more than one hundred beds. He is supposed to know all about each

patient, making the morning visit to all the wards, prescribing for the patients under the supervision of the visiting physician, and directing his assistants in the performance of their duties.

Histories of all the patients are kept, or are supposed to be kept, and this alone is a great work when the number of patients exceeds fifty. The numerous exact medical observations and elaborate surgical dressings which are now necessary to successful practice are nearly all to be done by the resident staff, and consume much of their time.

As things now are I believe that our hospital case-books would hardly stand a critical examination; fragmentary, unscientific notes of cases too often taking the place of what should be an accurate account of a case. The responsibility for this defect, a very serious one, as it interferes with the use of hospital records for study and publication, is to be shared by the visiting and the resident staffs: the former not taking sufficient pains in dictating notes and reading over the case-books, and also because their short terms of service limits their observation of many cases; the latter being overburdened with various duties, and not sufficiently guided by the visiting physicians. Recently an eminent physician told me that he had had quite a number of cases of a certain rare disease in his various terms of service at a certain hospital, and he intended incorporating them into an article. A few weeks later he told me that the histories of these valuable cases were nearly worthless and he would not dare make them public. This I believe to be a frequent experience, and to be one reason why our hospitals produce so little in the way of original research.

The number of visiting medical officers is much too large; on the average, according to the above table, one to twenty-six patients. Partly for the sake of making a larger "service" for visiting physicians and surgeons, the European practice of having certain wards assigned to each physician for years has been abandoned, and the custom of quickly rotating duty substituted. Thus, in Bellevue or Charity Hospital, a visiting physician is on duty for two or three months, and thus has charge of about one hundred patients.

The Woman's Hospital and St. Francis Hospital are the only ones, to my knowledge, where the physicians have their respective divisions, and serve the year around.

Another evil way of seeking to correct the drawbacks of short services is by having a service in more than one hospital. Several physicians in New York rejoice in the privileges of three hospital appointments.

It is this plan of short services which has, we believe, done the most to lower the utility of our hospitals, both from a scientific and a humanitarian standpoint, and it is a prominent obstacle to higher medical education.

Let us consider some of the ways in which this plan operates injuriously.

It is unsatisfactory to the physician himself. He goes on duty and must become acquainted with the resident staff attached to his division or wards ; that is, to know them in a personal and a scientific manner. It may take him a week or two to find out whether the young gentlemen of the staff are reliable and willing to be guided by him. He may find that, however well-intentioned at the beginning of their connection with the hospital, they have been demoralized, rendered careless, skeptical, or even rude, by the incompetency or carelessness of the preceding visiting physician. It is then necessary for him to learn more or less about all the patients in the wards assigned him, numbering from sixty to one hundred, and this is by no means an easy task. When the time has come for him to abandon his service he begins to understand his cases. It is not merely his advice which is sought, but he is supposed to actually direct and be responsible for the treatment of each case. Some of the cases in the wards are acute and may run their course during his term of service, two or three months ; but many others are chronic, and some of these are of the highest interest. In my experience chronic cases are often neglected and allowed to become incurable in wards which are subject to this rule of short services, partly because the visiting physician naturally prefers to devote his attention and give time to cases which he can watch through

the whole of their evolution. There are many cases of disease which are curable only by six, or eight, or twelve months of systematic treatment persistently directed by one mind; but with a change of physicians every two months what can one hope to accomplish in such cases?

How can a physician who enjoys the privilege of a hospital service for two months once or twice a year, ever hope to utilize his hospital experience? How can he accumulate numbers of well-made observations upon certain diseases, upon certain therapeutic procedures, or how can he ever hope to demonstate his interest and success in special lines of practice? Can our surgeons ever hope to rival their European *confrères* in the matter of numbers of operations? A discouraging no is the only possible answer to these queries, and perhaps it is the appreciation of the really small value of their services which renders many visiting physicians and surgeons so careless and superficial in their hospital work.

Monumental works, like Trousseau's Clinical Medicine, Murchison on Fevers, Andral's Clinical Medicine, Charcot on Diseases of the Nervous System, would have never been possible with other than continuous hospital attendance and study.

The influence of the visiting staff upon the internes is weakened or perverted by our system. Even in our deficient organization the house physician or surgeon and his assistants are supposed to be men who have entered the hospital for the purpose of further study, to obtain the practical education which colleges do not give; they are pupils. Yet, not only are these young men left, as a rule, to pick up knowledge for themselves, are not trained by any one mind, but they are often led into the delusion that they are not pupils. This demoralization is brought about by the presence of incompetent or careless men on the visiting staff. The internes quickly perceive the ignorance or lack of skill and success of their visiting physician, and after a few visits entertain, or even openly show contempt for him; the house physician is obliged, or thinks he is obliged, to assume a sort of charge of cases, and not very rarely the visit degenerates into a

formality or a farce. Other visiting physicians and surgeons, perfectly competent, come to the hospital, go to the house physician's room, engage in pleasant chat, and ask : " Anything special to-day, doctor ? " or, " Any new case to-day, doctor ? " Then follows a short visit to the ward, a walk around, a word said to one or two patients, and the farce is done. If there is nothing " special," or nothing " new," the visit is occasionally wholly omitted. In consequence, some resident staff vote the physician or surgeon a mighty nice fellow who does not interfere, and go on untaught, seeking experience for themselves.

It may be said that such neglect of duty is not the rule ; perhaps it is not ; but admitting that each hospital has one such visiting physician or surgeon, the demoralizing effect is produced upon the resident staff : the notions of contempt for their professional superiors and of their own relative capacity to " run the wards " enter their minds, and are difficult to eradicate. From conversations with conscientious and able visiting physicians, I know that to take a service after the young men attached to it have got into this morbid mental state is a discouraging experience. The thorough visits, the complete examinations of patients, the requests that minute observations be made, etc., seem to the demoralized resident staff like tyranny and fussiness ; they have forgotten that the patients professionally belong to the visiting physician, and that they themselves are in the hospital to be taught and trained.

Under the European plan of continuous attendance, a young man who enters a hospital has the prospect of serving through various grades under one physician, of being constantly watched and advised by him, of becoming moulded by his methods, of being afterward known as his pupil, and, if worthy, of being helped by him in scientific and practical matters after leaving the hospital. Can any of the many able young men who leave our hospitals say in after life : " I was a pupil of so-and-so ; he trained me, and I have assisted him in his researches ! " They can only claim that they witnessed the various ways of a number of visiting physicians, some able and careful, others able and

careless, others still incompetent or even ignorant; that they "picked up" many valuable notions, and neglected many fine opportunities for clinical and therapeutical study. They look back with pleasure to their relations with some of their visiting staff, and with mingled contempt and resentment at their subjection to others.

With our system of short services how can a higher medical education be attempted? A physician from a distant place, or a recent graduate of one of our schools, would like to become the pupil of Dr. A——, who is so well known in connection with, we will say, the study of fevers, or for his skill in auscultation and percussion. He would like to watch his cases and methods, and really learn something of the subject. He finds that Dr. A—— is attached to a certain hospital, and further, that he has charge of two or more wards of that institution for two months only—a period allowing of the complete observation of only a few cases; he finds that this gentleman's wards contain numerous cases of diseases in which neither Dr. A—— himself nor the visitor is interested, and that the class of diseases he came to observe is represented by a few cases. Can he carry out his plan? Is he not, if he can afford it, driven to go to Vienna, or Berlin, or Paris, even though he may feel convinced that Dr. A—— is an able man and fully as good a teacher as the German or French professor he will have to find? But this foreign physician controls a service year after year, and, by a sort of natural selection, cases which he understands best have accumulated in his service, and he can at almost any time offer a rich store of instruction to pupils.

This criticism is true, we believe, of the present state of all our hospitals, except perhaps those for diseases of women and for diseases of the eye and ear. We might amplify the criticism, but perhaps, put in the above brief form, it is fully comprehensible, and we believe its validity will be admitted.

Lastly, by no means least, the system of short medical services, two months or even four, is very unjust and unfavorable to many patients in our hospitals. As stated before, many chronic or semi-

chronic cases cannot receive that continuous and persevering treatment which alone can save them from incurability. Each new visiting physician or surgeon must go over such cases, take time to understand them, and then, probably, he will try another treatment for a few weeks. Or else, for the length of one physician's term of service, the care of these cases will be left wholly in the hands of the resident staff, because the visiting physician or surgeon is interested only in acute cases, or cases requiring operation. I believe that the controlling authorities of our hospitals would be shocked if they knew the number of cases which undergo this "treatment" in their institutions, and also if they realized how many curable or ameliorable cases are refused admittance because they come under the somewhat arbitrary classification of chronic or incurable affections—terms which are wrongly held to be nearly synonymous, especially by hospital physicians.

Another way in which patients in hospitals are aggrieved is this. They have a certain moral right to ask to be under a given physician's care, provided there be room for them in his ward, and the discipline of the hospital be not injured by complying with their request. This right is more evidently possessed by paying patients. If Dr. B, for example, has earned a reputation for skill in the treatment of diseases of the digestive apparatus, a dyspeptic wretch who applies at Dr. B's. hospital should, if he desire it, be given the benefit of that supposed skill. With our present system this dyspeptic, if he wishes to be under Dr. B's. care, must wait until Dr. B "goes on duty," and then may be treated by him for two or three months, when another physician, who, perhaps, is far from skilled in the treatment of dyspepsia, and takes no interest in such cases, assumes charge of the ward. What can be the result of such an experience, but relapse of the disease or failure to completely cure it? Some years ago it was within my personal knowledge that uterine cases were neglected and left wholly in the hands of the house physician by some of the visiting physicians of a hospital in this city. The rules of the hospital allowed of the reception of these cases and their location in the wards of a physician who knew little about them, and who looked

upon the manipulations necessary to their diagnosis and cure with feelings of mingled dread and repugnance.

As I have pointed out in another place,* there is an inevitable, semi-conscious tendency to the cultivation of specialties in medicine, and nearly all of the men from among whom hospital physicians are or should be chosen, are quasi-specialists, *i. e.*, they have studied with care and feel an interest—a real scientific interest—in a limited number of diseases, and in proportion as they increase their knowledge and skill in this special direction, they become less competent to deal successfully with other diseases. The system of short changing services forces all patients to submit to a succession of variously qualified physicians, and obliges a physician to try to treat all sorts of diseases, or tempts him into neglecting many of the patients placed under his care. The system does not recognize the fact, the hard and undeniable fact, that all intelligent and scientific physicians are quasi-specialists, and must be. In the present development of medical science there is no alternative ; a physician must be a quasi-specialist, or possess a universal knowledge of a superficial, mostly booky kind, a knowledge wholly insufficient to ensure intelligent or successful practice.

In this city the height of absurdity in the way of appointing physicians to services for which they have no liking, was reached when a well-known specialist was placed in charge of a service in a hospital devoted to a specialty altogether different from the one in which he excelled ; but every hospital at the present time is witness to a minor degree of the same injustice to patients.

In a subsequent article means of correcting these evils will be discussed. E. C. SEGUIN.

By an unfortunate *lapsus calami*, the author is made to condemn "quizz-classes,". The term should be "cram-quizzes." The author entertains, on the contrary, a favorable opinion of those quizz-classes which limit their recitations to the regular curriculum of a medical school, and which sincerely aim to perfect the student in his knowledge of what is being taught him there. Examination classes whose purpose is to prepare men to pass a severe examination by a systematized process of "cramming," is the kind of quizz-class which, the author thinks, exerts pernicious effects.

* The cultivation of specialties in medicine. ARCHIVES OF MEDICINE, vol. iv, p. 280.

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